



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

## **2005-2006 LEA MEDI-CAL BILLING OPTION ANNUAL REPORT**

Enclosed is the 2005-2006 Annual Report form (AR) and its attachments, along with instructions for completion. A download of the 2005-2006 AR may be obtained at the LEA Program Web site at [www.dhs.ca.gov/LEA](http://www.dhs.ca.gov/LEA). As specified in the Local Educational Agency (LEA) Provider Participation Agreement, enrolled LEAs must submit an AR describing their collaborative, service priorities, and reinvestment expenditures. Each LEA Medi-Cal provider with an enrollment effective date prior to July 1, 2006 is to complete the AR, which must be returned on or before October 30, 2006. Deadline extensions will not be granted.

The California Department of Health Services (CDHS) must receive an original hardcopy of the AR. You may not submit a facsimile or electronic version in place of a hardcopy. It is also required that the enclosed AR and attachments, created by the Department, be utilized. Do not make two-sided, back-to-back copies of the pages.

An AR is required whether or not the LEA has submitted Medi-Cal claims during the 2005-2006 Fiscal Year (July 1, 2005 through June 30, 2006). In addition, the CDHS receipt of the 2005-2006 AR is necessary to allow the LEA to claim Medi-Cal reimbursement during the 2006-2007 Fiscal Year.

Mail all pages of the original LEA Medi-Cal Billing Option 2005-2006 AR, including Attachment 1 and Attachment 2, on or before October 30, 2006 to:

California Department of Health Services  
Payment Systems Division  
Facilities and Programs Unit  
MS 4704  
P.O. Box 997413  
Sacramento, CA 95899-7413

If you have questions about the LEA Medi-Cal Billing Option AR, please contact Carol Massey-McCants at (916) 341-7347.

Provider Enrollment Branch  
Payment Systems Division